

GIC Health Plan Rates

Monthly Rates as of July 1, 2008

FOR THE TOWN OF
MILLIS ENROLLEES



Active Employees, Retirees, and Survivors **WITHOUT MEDICARE**

Includes 0.75% Administrative Fee



| | Retired Teachers with GIC Coverage Prior to July 1, 2008 | | | EMPLOYEE and Non-Medicare Retiree/Survivor | | |
|--|--|---------------------|-----------------|--|---------------------|-----------------|
| | Pays Monthly % | Pays Monthly \$ | Pays Monthly \$ | Pays Monthly % | Pays Monthly \$ | Pays Monthly \$ |
| HEALTH PLAN | | Individual Coverage | Family Coverage | | Individual Coverage | Family Coverage |
| Fallon Community Health Plan Direct Care | 10% | \$ 39.75 | \$ 95.39 | 30% | \$119.24 | \$286.17 |
| Fallon Community Health Plan Select Care | 10% | 47.16 | 113.20 | 30% | 141.50 | 339.61 |
| Harvard Pilgrim Independence Plan | 10% | 51.35 | 124.25 | 32% | 164.33 | 397.61 |
| Health New England | 10% | 42.71 | 105.87 | 30% | 128.12 | 317.61 |
| Navigator by Tufts Health Plan | 10% | 48.62 | 117.35 | 32% | 155.59 | 375.52 |
| NHP Care (Neighborhood Health Plan) | 10% | 42.17 | 111.76 | 30% | 126.52 | 335.28 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 10% | 106.59 | 248.39 | 50% | 394.00 | 919.58 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 10% | 71.85 | 167.80 | 50% | 359.26 | 838.99 |
| UniCare State Indemnity Plan/Community Choice | 10% | 41.09 | 98.62 | 32% | 131.50 | 315.60 |
| UniCare State Indemnity Plan/PLUS | 10% | 52.18 | 124.52 | 32% | 166.97 | 398.48 |

Retirees and Survivors **WITH MEDICARE**

| | Retired Teachers with GIC Coverage Prior to July 1, 2008 | | RETIREE AND SURVIVOR | |
|---|--|----------|-------------------------|----------|
| | Pays Monthly Per Person | | Pays Monthly Per Person | |
| HEALTH PLAN | % | \$ | % | \$ |
| Fallon Senior Plan* | 10% | \$ 19.99 | 30% | \$ 59.96 |
| Harvard Pilgrim Medicare Enhance | 10% | 35.59 | 50% | 177.97 |
| Health New England MedPlus | 10% | 35.74 | 30% | 107.22 |
| Tufts Health Plan Medicare Complement | 10% | 32.52 | 30% | 97.56 |
| Tufts Health Plan Medicare Preferred* | 10% | 16.83 | 30% | 50.48 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 10% | 45.04 | 50% | 182.90 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 10% | 34.47 | 50% | 172.33 |

* Rates are subject to federal approval and may change January 1, 2009.

Rates are Calculated by the Town of Millis Benefits Office.

Rate questions? Call: 1.508.376.7040